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26009 7	590 09/24/2004	(A) E	: 🔊	have its own certificat	e of mailing or transmission.		
ROGER M. RAT			2	Certificate of Mailing or Transmission			
13 MARGARITA COURT				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
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			3	Rog		(Depositor's name)	
V			EL SENARU [(Signature)		
			DER		0/19/2004	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN		NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/756,818	01/09/2001	Steven M. Falk		k	. OM 106	6154	
TITLE OF INVENTION: CALIBRATION SYSTEM WITHOUT USING POTENTIOMETERS 10/25/2004 BABRAHA2 00000034 500075 05736818							
					:1501 1370.00 D	A	
					C:1504 300.00 DA		
APPLN, TYPE	SMALL ENTITY	ISSUE FI	FE I	03 FC PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1330		\$300	\$1630	12/27/2004	
					7.050	12/2//2004	
EXAMINER		ART UN	IT (CLASS-SUBCLASS	_ · ·		
ROBINSON, DANIEL LEON		3742		600-022000	* * *, *		
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list ROGER M. RATHBUN							
CFR 1.363). (1) Change of correspondence address (or Change of Correspondence or Change of				(1) the names of up to 3 registered patent attorneys on agents OR, alternatively,			
Address form PTO/SB/122) attached. (2) the name of a single firm (having as a					a member a 2	enter an indiana de la	
☐ "Fee Address" indica PTO/SB/47; Rev 03-02	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3						
Number is required.	or more recently attached. Cs	c of a Customer	listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
DATE	X- OHMEDA,	Inc.	MADISON, WI				
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
A check in the amount of the fee(s) is enclosed.							
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # o	f Copies / O		hereby authorized by Jumber 5005 7	charge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).		
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Authorized Signature	6m	Jack		Date	10/19/2004		
Typed or printed name	R06.32	M. RATH	1302	Registration	10/19/2004 n No. <u>1124, 964</u>	<u> </u>	
This collection of informati an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Virg Alexandria, Virginia 22313	pplication form to the USP1 s for reducing this burden, s ginia 22313-1450. DO NOT	311. The information. 122 and 37 CFR FO. Time will vary hould be sent to the SEND FEES OR C	n is required to obta 1.14. This collection depending upon the Chief Information COMPLETED FOR	ain or retain a benefit by n is estimated to take 12 e individual case. Any c Officer, U.S. Patent an MS TO THIS ADDRES	the public which is to file (at minutes to complete, includ- comments on the amount of the Trademark Office, U.S. Dep S. SEND TO: Commissioner	nd by the USPTO to process) ing gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

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